

June 8, 2015

1

ACUU Pre-Conference Training

Annual Evaluation (AE) Trends

June 8, 2015



June 8, 2015

2

Agenda:

- Welcome
- AE Process, Results and Trends
- 2015-16 AE
- Q&A



June 8, 2015

3

AE Analysis

Topic	Percentage of AAAs with Compliance Issue	
	2013-14	2014-15
Reporting	92%	69%
Monitoring	37%	36%
Targeting- Objectives	58%	92%
Targeting- Contract Language	68%	15%
Case File Review	37%	47%
Contributions	71%	N/A



June 8, 2015

4

Annual Evaluation

- Purpose
 - NYSOFA is required by the Older Americans Act, to annually monitor the efforts of the AAAs.
 - Monitoring assures system integrity, leads to quality, and it helps to build credibility for the aging network.
 - Monitoring provides NYSOFA with an opportunity to see the outstanding work of the AAAs in person.

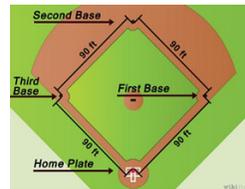


June 8, 2015

5

Cover Your Bases

1. Become familiar with the AE document each year prior to the ASRs visit;
2. Review all of the pre-visit materials that the ASR will send you;
3. Arrange to have the appropriate staff and documentation available for the on-site visit;
4. Promptly follow-up on any identified deficiencies; and
5. Score a 'home run' when you obtain a report without compliance issues!



June 8, 2015

6

Getting the Help You Need

- From NYSOFA – your friendly ASR & program specific staff (HIICAP/Nutrition/Reporting/EISEP/NY Connects/ etc.) are always available for technical assistance.
- Best Practices – from other AAAs or from the Association on Aging in NY



June 8, 2015

7

AE Topic Areas

- Core Topics
 - Monitoring
 - Reporting
 - Targeting
 - Case File Review
 - Adult Day Services (as of 2015-16)



June 8, 2015

8

AE Topic Areas

- Rotating Topics

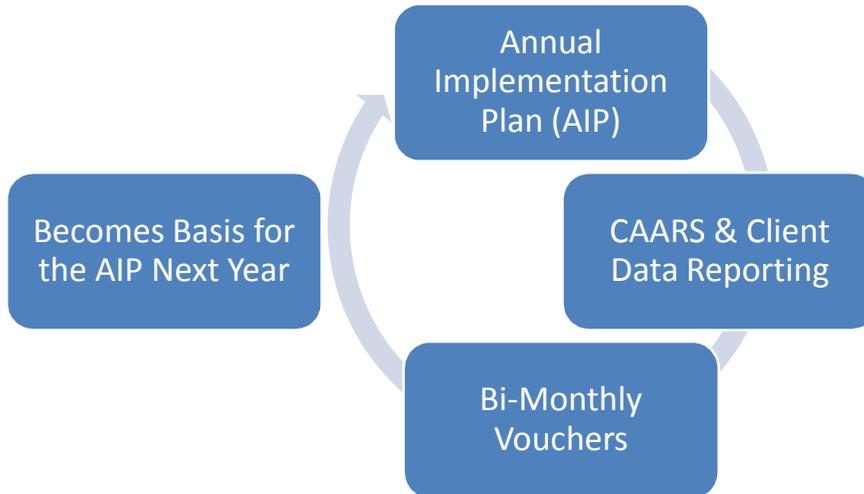
<ul style="list-style-type: none"> – 2013-14 <ul style="list-style-type: none"> • Contributions • Targeting • Personal Care I • Personal Care II • NY Connects • Ancillary Services 	<ul style="list-style-type: none"> – 2014-15 <ul style="list-style-type: none"> • Advisory Council • Client Satisfaction • Adult Day Services • HIICAP • Information and Assistance
---	--



Reporting



From Planning to Reporting to Vouchering *The circle of data*



The Circle of Data

- Data, as the previous slide shows, is a continuous circle.
 - It provides the basis for the projections shown in the AIP;
 - It is compiled and reported each quarter throughout the year;
 - It is used to evaluate program effectiveness as part of the Annual Evaluation (AE); and
 - It becomes the basis for the coming year's projections.



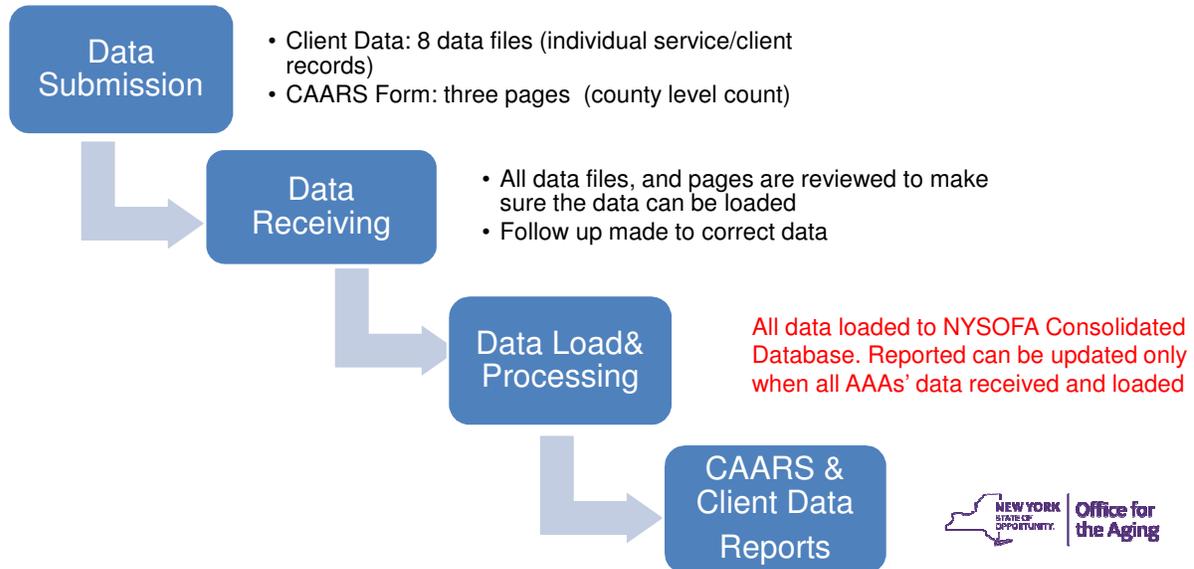
We need data

- Meet Federal and State reporting requirements – essential for continued funding
- Provide data for program monitoring, program advocacy, program management and planning
 - Ensure services are provided effectively
 - Ensure our programs are serving those most in need

It is crucial to have timely and accurate data.



From Raw Data to Reports



CAARS/Client Data: Data Collection

- **Service Data**
 - People Served
 - Units
 - Expenditures
- **Client Profile**
 - Demographic characteristics
 - Income/poverty status
 - Functional status
 - Health characteristic (e.g., chronic illness, cognitive condition)

June 8, 2015

15

What we see from the AE

- AE reporting section reviews
 - Completeness of service data reporting
 - Verified Counts vs Client Data
 - Cluster 1 & 2 Services (People and Units) and Cluster 3 Units
 - III-E Caregiver Services (People and Units)
 - Completeness of NAPIS required data fields (Client Profile Reporting)
 - NAPIS Data Review (Missing Data review)
- The overall NYSOFA reporting goals
 - 100% of service data is entered in to the system
 - More than 90% of the client characteristics data required by NAPIS is collected and entered.



June 8, 2015

16

What we see from the AE

- Many AAAs have reached the 100% service data reporting goal

Number of AAAs with 100% service data reporting (Client Data)

	Cluster 1 & 2 Services	Cluster 3 Services
People	45	Not Apply
Units	45	35

- Cluster 3 Units Review (New)



June 8, 2015

19

2015 Poverty Status & Tips

Household Size	Below 100% Poverty Level	Below 150% Poverty Level
	If household monthly income below	
1	981	1,471
2	1,328	1,991
3	1,674	2,511
4	2,021	3,031
5	\$2,368	\$3,551
6	\$2,714	\$4,071
7	\$3,061	\$4,591
8	\$3,408	\$5,111
9	\$3,754	\$5,631
10	\$4,101	\$6,151
For each additional person add:	\$347	\$520

Collecting poverty may be one of the most difficult questions to ask.

One possible approach (Proposed) – see Handout



June 8, 2015

20

Nutritional Health Questions

Determining Nutritional Health	
Read the statements below. Circle the number in the "YES" column for those that apply to you or someone you know. For each answer, score that number in the box. Total your nutritional score and compare below.	
	YES
I have an illness/condition that made me change the kind/amount of food I eat.	2
I eat fewer than 2 meals a day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	
A score of 0-2 means Good, recheck at six months.	
A score of 3-5 means you are at moderate nutritional risk and need to see what you can do to improve eating habits and make life-style changes.	
A score of 6 or more means you are at a high nutritional risk. Take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health.	



June 8, 2015

23

Improve Data Collection

- Best Practices
 - Education programs to inform older adults on why you collect the information
 - Staff or volunteer should complete the forms with individuals
 - Data Collection Tips (see handout)



June 8, 2015

24

Tips for Collecting Data

**caring
respect
trust**



*A guide to gathering
personal information
at your meal site*



**Let's keep
dining
together...**



*... by making our
meal site the best
that it can be!*

The first brochure: caring, respect, trust provides explanation on how privacy is protected with tips on asking for the information.

The second brochure: Let's keep dining together... describes the registration process and the use of data.

Both are available for download from the AAARIN website.



Improve Data Quality

- Best Practices
 - Review standard definitions with staff on a yearly basis
 - Monitor data entry



Standard Definitions

- 2014 changes
 - I & A unit measure (from contact to hour – quarter hour increments)
 - III-E caregivers went to events/activities and not registered, treat them as III-E Group 2 caregivers receiving III-E information services
 - For III-E information services, the units are reported as part of the client data files (using group or bulk entry for reporting number of events/activities) and estimates of persons served are reported on the page 2 of the CAARS report.
- 2015 - No definition changes (clarifications are added)
 - Unit measure = Hour (quarter hour increments)
 - Private pay meals/Test meals
 - I&A : about internet hits
 - Outreach
 - Other Services



June 8, 2015

27

Monitoring Data Entry

- Reports from your own system
- Reports available: Report Viewer (Infoview)
 - CAARS 11 (units)
 - CAARS 32 (expenditures)
 - CAARS 36A (demographics and targeting)
 - Client Data Reports



June 8, 2015

28

How to Access Reports



Reporting System

Planning - Budgeting - Monitoring

Main Menu

[Logout](#)

Programs - Select One:

- CAARS Quarterly
- AIP and Budget Modifications
- ARRA
- Verification
- Annual Evaluation
- Meal Sites



Links to Other NYSOFA Resources:
(links will open in a separate window)

- [NYSOFA Data Exchange](#)
- [NYSOFA Report Viewer](#)
- [Area Agencies on Aging Resources and Information Network \(AAARIN\)](#)
- [NYSOFA e-Learning](#)

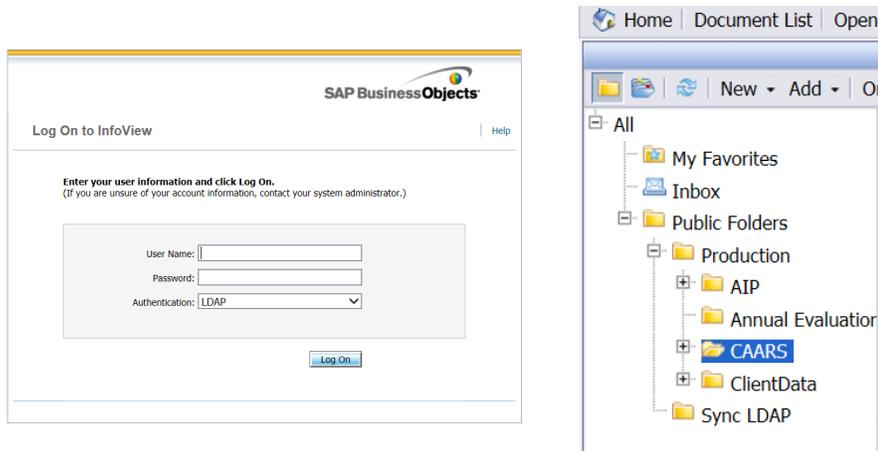
[Feedback](#) | [Contact Us](#) | [Privacy Statement](#) | [Website Accessibility](#) | [Disclaimer](#)



June 8, 2015

29

Infoview Reports



June 8, 2015

30

2015 AE Reporting Section

- Key Changes
 - No III-E Trend (5 Year Data) Review
 - NAPIS Data Review (SFY 2014-15)
 - 10% benchmark
 - Add three pages - using filters (Case Management, HDM, Congregate Meals)
- Add Cluster 3 services Unit Count review (**2016** AE)



Resources

- Resources
 - AAARIN
 - Module 1: Data and Reporting Requirements
 - <http://www.aaarin.ofa.state.ny.us/index.cfm>
 - Reporting Documents 2015
- Need Assistance
 - For any reporting questions, please send us e-mail at CAARSReports@aging.ny.gov & c.c. Bob Miller and your ASR
 - For any software technical support questions, please contact your software providers & c.c. CAARSReports@aging.ny.gov (if appropriate)



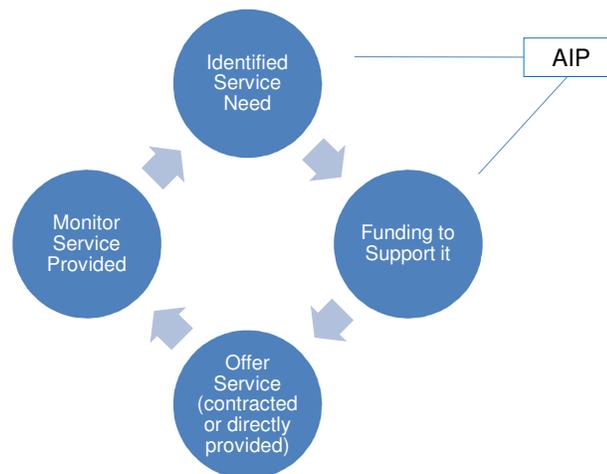
Monitoring



Monitoring

- Requirements
 - NYSOFA requires all AAAs to maintain and establish ongoing systems for monitoring directly provided and contracted services on an annual basis to ensure that Federal and State standards are fully met at the point of service delivery. (99-PI-20 and 99-TAM-05)

Monitoring



Monitoring- AE Findings

- 36% of AAAs had compliance issues.
 - Specific areas include:
 - Timeframes
 - Documentation

Monitoring

- Frequency
 - Generally, formal on-site program monitoring should occur at least once a year.
 - AAA's should consider conducting on-site monitoring more frequently than once a year for programs where health and safety of clients is a factor and/or programs that receive more extensive funding.
 - Ideally, monitoring should occur early enough in the contract or grant period so that any deficiencies in the services can be addressed in a timely fashion.

June 8, 2015

37

Monitoring- Contracted Services

- Contracts for \$25,000 or less
 - A system of formal on-site program monitoring once every TWO years may be adopted for contracts or grants meeting the following criteria:
 - The contract or grant is for \$25,000 or less,
 - The funded services carry a low risk of health and safety problems, and
 - The program has received at least one prior formal on-site monitoring visit.



June 8, 2015

38

Monitoring- Contracted Services

- “off-cycle” monitoring
 - AAA must be able to document that the program(s) have been monitored using other means. This can be done in a variety of ways:
 - Self-examination by contractor/program manager
 - Report regarding activities throughout the year
 - Analysis of client satisfaction questionnaires, phone interviews and/or focus groups with some clients



Monitoring- Contracted Services

- These services **MUST** receive formal on-site monitoring annually regardless of the size of the contract or grant.



- The maintenance of health and safety standards in these programs is essential to assuring the well-being of clients who are typically frail and vulnerable.



Monitoring- Directly Provided

- All directly provided services must be monitored at least once a year



Monitoring

Case Management
monitored 6/10/14

Monitoring due by
6/9/15



Monitoring- Tools

- AAA's must develop tools/instruments to be used for monitoring to document and standardize the reviews.
- The monitoring tool/instrument must be able to evaluate:
 - service delivery,
 - test the accuracy of information from CAARS,
 - examine compliance with contract provisions & federal & state regulations,
 - measure progress in fulfilling contract/program objectives, and
 - comment on the quality of services.



Monitoring- Findings

- Findings must be shared with service provider and/or program manager in two ways:
 - At the conclusion of the on-site visit and
 - Through written report summarizing the findings.



Monitoring- Findings

- Compliance Issues Identified
 - AAA must require the contractor or direct service unit to respond to the report in writing and provide a plan for corrective action (CAP).
 - AAA must establish target date or timeframe for CAP.
 - If findings are health and/or safety in nature or when other serious program deficiencies are noted, corrective actions should be requested immediately or within a matter of days.
 - The timeframe for other types of CAP's MUST not exceed two months.
 - When appropriate, the report may also include specific recommendations for correcting the deficiency(ies) or resolving the problem(s).



Monitoring- Findings

- Follow-Up Activities
 - AAAs must establish effective procedures to assure that required corrective actions are implemented.
 - Whenever the next cycle of formal on-site monitoring occurs, a review of the areas of non-compliance noted in the prior year and the corrective actions to address these areas must be examined.
 - If non-compliance areas identified were health and safety issues, a follow up visit must be scheduled sooner than the next regularly scheduled visit.
 - Technical assistance or training to help the service provider complete the corrective actions that were identified may also occur.



Monitoring Findings

- NO compliance issues identified
 - The report should state that no response from the provider is required.



June 8, 2015

47

Monitoring- Documentation

- At a minimum, the AAA MUST maintain documentation of:
 - procedures for conducting visits
 - using standardized monitoring tool
 - documenting activities
 - timeframes for completing reports and follow-up
 - schedule or calendar for monitoring all services and programs

99-TAM-05



June 8, 2015

48

Monitoring-Best Practices

- Scheduling
 - 10 months instead of 12 months
 - Rearrange to best fit your schedule and staffing
- Tools
 - Standardize monitoring tools
 - Use contract as a guide for monitoring
- Utilize Reports
 - Client Data
 - CAARS reports (CAARS 11 and CAARS 32)
- Design Monitoring Tracking System
 - Excel Spreadsheet or Chart
 - Monitoring Reports Binder



June 8, 2015

49

Monitoring

	Dir	Con	Monitored Annually			Date(s) Monitored Name of Contractor
			Yes	*No	NA	
Cluster I Services						
Personal Care Level II						
Personal Care Level I						
Consumer Directed In-home						
Home Health Aide						
Home Delivered Meals						
Adult Day Services						
Case Management						
Cluster II Services						
Congregate Meals						
Nutrition Counseling						
Assisted Transportation						
Cluster III Services						
Transportation						
Legal Assistance						
Information & Assistance						
Outreach						
In-Home Contact & Support						
Sr. Center/Recreation & Education						
Personal Emergency Response						
Caregiver Services						
Nutrition Education						



June 8, 2015

50

Monitoring

- Resources:
 - AAARIN: Module 2: Program Monitoring
 - <http://www.aaarin.ofa.state.ny.us/index.cfm>
 - Issuances
 - 99-PI-20
 - 99-TAM-05
 - 95-TAM-05: SADS
 - 91-TAM-01: EISEP Monitoring Guide
 - 90-PI-26: Nutrition Standards
 - NYSOFA Report Viewer (Infoview)
 - ASR
 - Annual Evaluation Guide



Targeting

Targeting/Equal Access

- 9 NYCRR 6651.2 (1) (i)
 - *Definition: Targeting means a range of activities at system, program and client levels designed to identify individuals in a specified defined population called the target population who need services, and designed to increase service delivery to the target population by linking or providing them with appropriate services.*

Targeting

OAA SEC 306(a)(3)(B)

- Requirements
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);



Targeting

- Requirements (continued)
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);



Targeting

- Requirements (continued)
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement;

Targeting

Source: OAA SEC 307 (a)(21)(B)

- The plan shall:
 - Provide assurance that the state agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency including programs and benefits provided under this title

June 8, 2015

57

Targeting/ Equal Access

- Additional NYSOFA identified target populations include:
 - LGBT,
 - minorities,
 - homebound,
 - frail, and
 - caregivers.



June 8, 2015

58

Targeting/Equal Access

Source: OAA SEC 321 (a)(3);

- Some targeted populations require additional consideration to effectively access services:
 - (3) services designed to encourage and assist older individuals to use the facilities and services (including information and assistance services) available to them, including language translation services to assist older individuals with limited English speaking ability to obtain services under this title;



Targeting/ Equal Access

Source: OAA SEC 321 (a)(11)

- Some targeted populations require additional consideration to effectively access services:
 - (11) provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities;



Targeting/Equal Access

- With regard to individuals with disabilities, the ADA has specific requirements including *“no qualified individuals with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of public entity, or be subjected to discrimination by any public entity.”*



Targeting

- Nondiscrimination/ Equal Access
- Targeting is more than seeking to serve individuals in proportion to their representation in society; it is assuring the services provided meet the needs of the individual, are accessible to the individual, and are culturally and linguistically competent.



Targeting

Source: OAA Regulations SEC 1321.17

- (f) (2) Preference is given to older persons in greatest social or economic need in the provision of services under the plan.



June 8, 2015

63

Targeting

- Data
 - Where is it from?
 - US Census Bureau
 - Census 2010
 - American Community Survey (annual releases)
 - Via ACL
 - >>Special Tabulation on Aging (STP3)



June 8, 2015

Demographic Data and Targeting Objectives

64

	A. Most Current Census*	B. Total Number: Registered Clients	C. Number Registered Clients to be Served**
1. Total number of persons aged 60+ in the PSA (Planning and Service Area):	60,195	3,670	
2. Total number of persons projected to be served under this plan during the period 4/1/2015-3/31/2016:			4,859
3. *** Please provide a breakdown for the total on line 2 as follows:			
a) Aged 75-84	14,570	1,248	1,355
b) Aged 85+	7,100	1,098	1,269
c) Live Alone	18,501	1,592	1,756
Clients: by Ethnicity			
d) Hispanic	959	42	78
Clients: by Race			
e) Native American/Alaskan Native	103	11	15
f) Asian	1,283	15	128
g) Black	4,245	252	558
h) White Hispanic	594	48	78
i) White not Hispanic	53,327	2,560	3,164
j) Native Hawaiian/Pacific Islander	2	2	4
k) Other Race	213	17	20
l) 2 or More Races	428	6	10
These fields use percent based on the 2000 Census.			
m) Frail/Disabled	26.83%	27.71%	26.83%
n) Low Income (below 150% of poverty)	14.09%	27.25%	14.09%
o) Low Income Minority (below 150% of poverty)	2.50%	4.25%	2.50%
p) Limited English Proficiency****	1.49%	0.33%	1.49%
q) Rural*****	9.00%	9.75%	9.00%

* The pre-printed census figures (Column A) and Client data (Column B) are only provided on the web-based version of this form.

**Registered clients are those receiving a Cluster 1 or Cluster 2 service.



Targeting

- Good Faith Efforts
- Internal
- External



Targeting

- Resources
 - OAA
 - NYS Elder Law
 - Issuances
 - 12-PI-08
 - 13-TAM-01
 - AAARIN
 - ADA and Section 504 Rehab Act



June 8, 2015

67

Targeting

Resources (continued)

Colleen Scott, Advocacy Specialist
New York State Office for the Aging
2 Empire State Plaza, 6th Floor, Albany, NY 12223-1251
(518) 549-8946
colleen.scott@aging.ny.gov|



June 8, 2015

68

Case File Review



Case File Review

- A home delivered meal client.
- A client receiving traditional home care (Personal Care Level I and/or II.)
- If the AAA funds adult day services, one of the clients should be a recipient of that service.
- A care receiver (who is an older person) who is getting a service under Title III E to provide a respite or supplemental service to their caregiver.
- A client receiving EISEP Ancillary Services.
- A client receiving Consumer Directed In-home Services.



Case File Review- AE findings

- Late reassessments
- Missing or incomplete care plans
- Insufficient ADLs listed for services received
- Incomplete case files
- Missing bimonthly contact for case managed
- Missing 6 month contact for non-case managed
- Missing Documentation
 - signed agreements or documentation of caregiver's eligibility



June 8, 2015

71

Assessment



- Each person must be assessed with a Minimum Data Set (MDS) compliant assessment tool.
- The Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS)
 - Useful client assessment instrument that will inform and guide comprehensive care planning.
 - Provides the basis to determine the need for AAA-funded services.
 - Gathers information to develop a care plan that focuses on goals and objectives to address identified problems or needs.



June 8, 2015

72

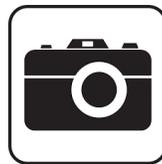
Reassessments

- Must be done annually, at the minimum
- Reassessments may be conducted more often
 - Event based
 - Scheduling
- HDM Six Month Contact



Care Plans

- The Care Plan should be used to bring all the assessment information together and to develop and implement a coordinated plan of care.



Care Plans

- One Care Plan Per Client
- Enter any service to be provided, whether it is a paid formal service or services provided by informal caregivers.
- 97-PI-01
- 97-PI-20
- 14-PI-02

Eligibility

- Home Delivered Meals
 - At least 60 years old; and
 - Incapacitated due to accident or frailty; and
 - Lacks the support of family, friends or neighbors; and
 - Is unable to prepare meals.
 - The spouse of a HDM recipient, regardless of age or condition, is eligible to receive HDMs when the provision of the meal is in the best interest of the recipient.
 - Non-elderly disabled individuals living with an eligible person may receive meals when it is in the older person's best interest.



Eligibility

- Adult Day Services
 - At least 60 years old; and
 - Functionally impaired- needs the assistance of another person in at least one of the following ADLs:
 - toileting,
 - mobility,
 - transferring or eating, or
 - needs supervision due to cognitive and/or psycho-social impairment.



Eligibility

- Title III-E Caregiver Respite and/or Supplemental Services for a Caregiver of an Older Person
 - Caregiver is an adult who is 18 or older caring for an older person who is 60 or older; and
 - Care receiver is frail (needs assistance of another person in at least two or more ADLs or requires substantial supervision because of Alzheimer's disease or other cognitive impairment).



Eligibility

- For EISEP Funded Services, Consumer Directed In-Home Services, and CSE Funded EISEP-Like Services:
 - At least 60 years old; and
 - Functionally impaired (at least one ADL or two IADLS); and
 - Have unmet need for such assistance; and
 - Be able to be maintained safely at home; and
 - Not be eligible to receive the same or similar services under Title XVIII, Title XIX or Title XX of the SSA or any other government program or services provided to residents in adult residential care facilities which had been provided or are required to be provided by law; or
 - Apply for Medicaid if it appears that:
 - Older person is eligible without any spend down; or
 - Older person is eligible with a spend down and has enough qualifying expenses and available income to pay such qualifying expenses.



Eligibility

- Continued:
 - For non-institutional respite, have one or more informal caregivers who provide ongoing care.
 - For Consumer Directed In-home Services under EISEP, the following eligibility requirements also apply:
 - Be capable of making choices regarding their activities of daily living and instrumental activities of daily living and the type, quality and management of his or her in-home services worker;
 - understand the impact of these choices; and
 - assume responsibility for the results of these choices; or has an appointed consumer representative.



Requirements and Timeframes

- An Assessment:
 - shall be conducted no later than 10 days after completion of the a screening process.
 - must be completed prior to providing any in-home service.
 - ancillary, non- institutional respite, (or in an emergency within 5 days) a face to face visit in the older adults usual environment in order to conduct the assessment.
 - must be completed no less frequently than every 12 months (365 days).
 - 6 month contact for non-case managed HDM Clients



June 8, 2015

81

Requirements and Timeframes

- A Care Plan:
 - should be developed within 6 days of the completion of the Assessment.
 - **include all services and supports.**
 - not separate for HDM, and other In-Home services
 - **is only in effect for no longer than 12 months.**



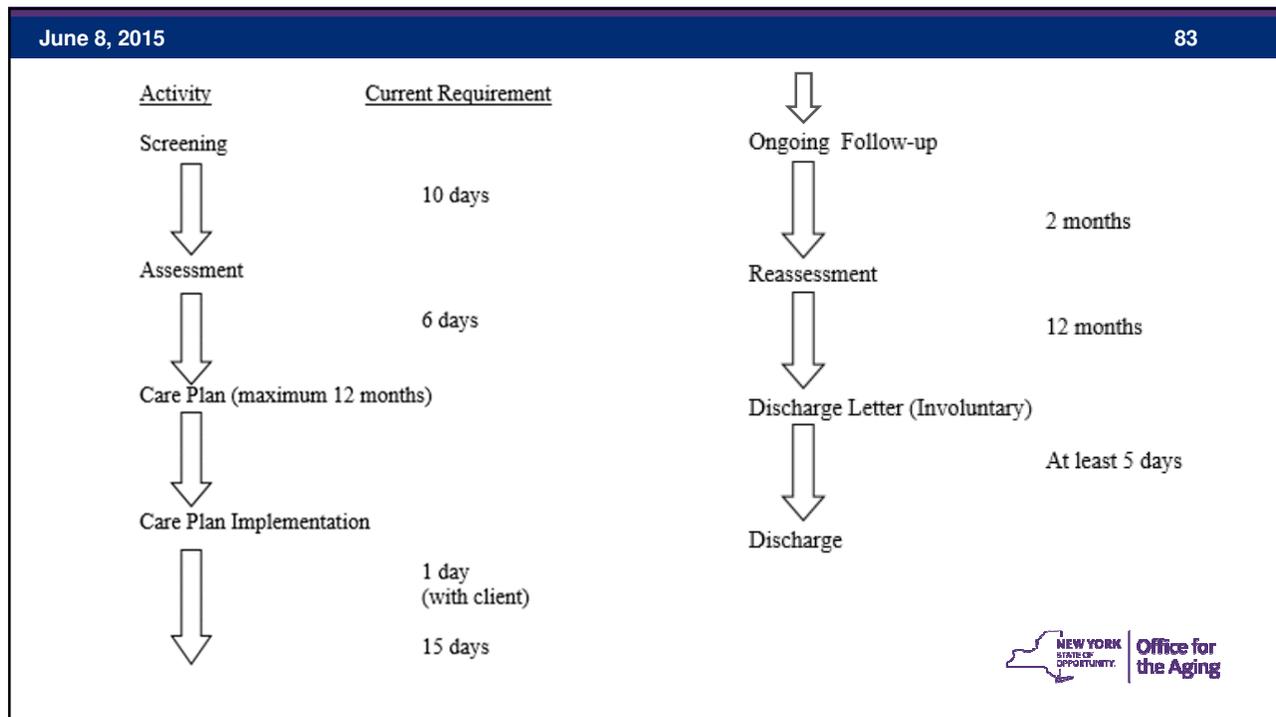
June 8, 2015

82

Case Notes/Follow-up Timeframes

- A contact with client/caregiver no later than the first working day after each service was scheduled to begin
- A home visit within 15 working days of service initiation
- Referrals made for services
- **Case management requires every 2 month contact**
- Ongoing activities and communications with the client and others involved in the care plan (caregivers, service providers...)





June 8, 2015 84

Case File

- Documentation
 - Completed Screening instrument
 - Assessment and Reassessments
 - 6 month contact for non case managed HDM clients
 - Care Plan- current and past
 - Copies of service requests, and authorization forms
 - signed agreements for any ancillary service items left in the home that are not the client's property

 NEW YORK
STATE OF OPPORTUNITY | Office for the Aging

Case File

- Documentation continued
 - Documentation of provision for any emergency services
 - Copies of consent forms signed by client authorizing sharing of confidential information
 - Financial Information Form (*cost share services*)
 - Case Notes
 - Signed document that client/caregiver has received and understands the Client Bill of Rights

Case File



Best Practices

- Scheduling
 - Earlier than 12 months
 - Group by geographic location
 - Reminder system
- Monitoring
 - Supervisor case file review checklist
 - Run data reports for assessment dates



Best Practices

- Staffing
 - Block time off in the office to complete files
 - Staff meetings to review clients
 - Cross train staff
 - Trainings



Resources

- ACUU
 - Minimum Standards for Social Adult Day Care Services
 - A5: Part 1 Service Standards
 - B5: Part 2: Administrative Standards
 - EISEP Track
 - A6: Finding Your Way with the COMPASS
 - B6: Using the Financial Information and Client Agreement form to calculate Cost Share and Medicaid Prescreen
 - D6: Implementing Person Centered Planning and Self-Direction Using the Required Health and Human Services Guidelines
- <http://www.aaarin.ofa.state.ny.us/>
- 97-PI-01
- 97-PI-20
- 14-PI-02



Contributions



Contributions

- Requirements
 - Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the OAA if the method of solicitation is non-coercive.
 - Older Americans Act (OAA) §315(b)
 - Such contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the [federal] poverty line, at contribution levels based on the actual cost of services.
 - OAA §315(b) as modified by 2006 revisions



Contributions

- OAA requires each service provider to:
 - Provide each recipient with an opportunity to voluntarily contribute to the cost of the service;
 - Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
 - Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
 - Establish appropriate procedures to safeguard and account for all contributions; and
 - Use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under the OAA.



June 8, 2015

93

NYS Program Income Policy

- Contributions are not appropriate for all services.
- Care must be taken in the development and use of statements of actual costs of services to ensure that they are not perceived as being coercive.
- Any reference related to a suggested contribution amount that implies a fee, “you should pay”, or “your fair share” is prohibited.
- Methods of informing participants include the use of leaflets, letters, signs and other printed material.



June 8, 2015

94

NYS Program Income Policy

- Bonding is insurance against the misappropriation of funds.
 - All paid staff who handle program income must be bonded with the exception of:
 - government employees (who are already covered) and
 - attorneys providing legal services (who already operate under standards for client funds contained in the Code of Ethics)
 - Meal site volunteers who jointly count contributions with a staff member are not required to be bonded. A volunteer must never count contributions without a bonded employee present.



Annual Evaluation

- Findings from 2013-14 Annual Evaluation
 - 66% of AAAs had not revised their policy or procedures on contributions in all allowable services to include a suggested contribution level equal to the actual cost of the service for participants who self-disclose income at or above 185% of FPL.
 - Several AAAs did not have contribution policies and procedures for all services.



Best Practices

- Compare your current contribution policies with the contribution policies outlined in the OAA to ensure that all requirements are met.
- Revise brochures, letters and signs to accommodate changes.
- For contributions solicited at congregate sites, post a sign which includes:
 - meal costs,
 - source of funds used for program,
 - the contribution amount the program has decided upon, and
 - the stipulation that no participant may be denied a meal.



Resources

- Issuances
 - 14-TAM-01: AAA Internal Controls for Program Income Collected
 - 03-PI-05: NYSOFA Policy on Program Income
 - 15-PI-01: 2015 Poverty Income Guidelines



AREA AGENCY ON AGING
 ANNUAL EVALUATION GUIDE
 April 1, 2015 – March 31, 2016

AREA AGENCY: _____

VISIT DATE(S): _____

DATE OF ISSUE: _____

AAA STAFF: _____

NYSOFA STAFF: _____

DATE(S) OF LAST EVALUATION: _____

2015-16 Annual Evaluation



2015-16 Annual Evaluation

- Annual Evaluation Visits Scheduled Summer - Fall
- The following items will be collected by the ASR during this review:
 - AAA Grievance Policy & Procedures.
 - AAA organizational chart
 - including entity to whom the AAA Director reports.
 - Copies of all SADS monitoring reports (completed during the term of this review) and corresponding corrective action plans, if applicable.



Questions

